

## TRAVEL EXPENSE CLAIM

08/09

See Instructions and \*Privacy

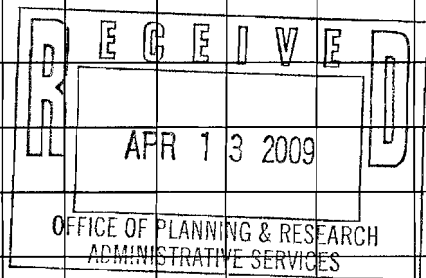
Statement on Reverse Side

STD. 262 (REV. 7/2005)

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CLAIMANT'S NAME Cathleen Cox		SSN or EMPLOYEE NUMBER*	DEPARTMENT Planning & Research
POSITION Chief Deputy Director	CB/ID No.	DIVISION or BUREAU Governor's Office	INDEX NUMBER 352
RESIDENCE ADDRESS*		HEADQUARTERS ADDRESS 1400 Tenth Street	TELEPHONE NUMBER 916-322-2318
CITY Sacramento	STATE CA	ZIP 95814	

(1) MONTH/YEAR		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION					(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
(2) DATE	TIME			BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
											MILES	AMOUNT		
11/6	10:00	SAC to San Jose to SAC									238	139.23		139.23
11/16	13:35	Sacramento to LA	125.54											
11/17	12:00	Los Angeles	125.54										12.95	12.95
11/18	12:00	Los Angeles	125.54										25.03	25.03
11/19	21:55	LA to Sacramento	<del>376.62</del>					38.00						414.62
(10) SUBTOTALS			376.62					38.00			238	139.23	37.98	591.83
COLUMN CODE (ACCTG. USE ONLY)														
CLAIM TOTAL													591.83	



(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)		(12) NORMAL WORK HOURS
11/6 - Participated and co-hosted Bank on San Jose all-partner convening at San Jose City Hall		
11/16-11/19 - Hosted the Governor's Conference on Small Business and Entrepreneurship in Los Angeles		(13) PRIVATE VEHICLE LICENSE NUMBER
All Internet Charges are related to state business activities		
OPR business expenses are copies for conference attendees		(14) MILEAGE RATE CLAIMED
		0.585
(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.		AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NUMBER
CLAIMANT'S SIGNATURE	DATE 4.9.09	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT DATE 4-09-09
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)		DATE